

Office of the State Fire Marshal Regulatory & Licensing Division

Home Inspector Application

Office of the State Fire Marshal 1207 Quarrier Street 2nd Floor - Licensing Charleston, WV 25301 Phone: (304) 558-2191

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Office of the State Fire Marshal

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www.firemarshal.wv.gov

APPLICATION INSTRUCTIONS AND APPLICATION FORM FOR THE WEST VIRGINIA HOME INSPECTOR CERTIFICATION

- You must include a completed, dated and signed application form.
- You must provide a criminal record report and fingerprint check from both the WV State Police and the F.B.I. You may contact www.identogo.com or call 1-855-766-7746 to schedule your background check. Please be sure to request the "Personal History Check".
- Please provide proof of general liability insurance of no less than \$ 250,000.00.
- You must provide verification of passing the following exam: The National Home Inspector Exam through EBPHI. Contact: www.homeinspectionexam.org or 1-847-298-7750
- You must provide proof of completion of an approved 80-hour initial Home Inspection Course approved for West Virginia. A list of approved courses can be found at: https://firemarshal.wv.gov/Divisions/Fire%20Services/Documents/Licensing/HI%20Approve%20Certification%2
 OCourse%20List.pdf
- Include a copy of a High School Diploma or GED.
- Include a copy of valid West Virginia business license issued by the: West Virginia Department of Tax and Revenue.
- Include a Check or Money Order payable to "WVSFMO" for \$150.00. **Do Not Include CASH**<u>SUBMIT ALL THE ABOVE DOCUMENTATION TO:</u>

Office of the State Fire Marshal 1207 Quarrier St 2nd Floor - Licensing Charleston, WV 25301

For further information, please dial 304-558-2191 and ask to speak with the Licensing Division.

You may view the legislative rule governing the certification of home inspectors at https://firemarshal.wv.gov/about/Laws/Pages/default.aspx

Title 87 Series 5



Application for West Virginia Home Inspector Certification

Please submit the completed application along with all the required documentation and payment to:

Office of the State Fire Marshal 1207 Quarrier St 2nd Floor - Licensing Charleston, WV 25301

Be sure to complete all sections of this application in print and legible.

1. Applicant Personal Information - Please complete ALL fields.					
Name (Last, First, M Int)					
Mailing Address					
Home Phone		Cell Phone			
Valid Email Address		WV Tax ID #			
Business Name		Work Phone			
Social Security Number		Date of Birth			
(Required by Law)	XX	_ XX/XX/XXX			

2. Personal History - If you answer any of these questions with yes, include an explanation on a separate piece of paper and attach it with your application.					
Have you ever been convicted or entered a guilty plea or no contest to any felony?	□ yes	□ no			
Do you currently have any criminal charges pending against you in any jurisdiction?	□ yes	□ no			
Have there ever been any disciplinary actions or complaints lodged against you as a home inspector in any state or jurisdiction?	□ yes	□ no			
Have you ever been denied licensure as a home inspector by any state or jurisdiction?	□ yes	□ no			

You must submit the required criminal background check reports with your application!

3. Insurance Information - Submit a copy of your "Certificate of Insurance" with your application.						
I carry the required amount (\$250,000) of liability insurance.						
Insurance Ag	ent:	Phone Number:				
My employer carries the required amount (\$250,000) of liability insurance.						
You must submit letter of employment stating the company carries the required insurance.						
4. Affidavit Statement						
I certify that I have completed the application and verify the correctness and truth of my statements as recorded in this application. Any misinformation or untruth may result in revocation of my certification at any given time by the West Virginia State Fire Marshal. I am aware that I am bound by the rules and regulations governing the Certification of Home Inspectors as state in Legislative Rule: Title 87, Series 5. Any violation of said rule may result in disciplinary action or revocation of me certification.						
Signature		Date				